DOCUMENT RESUME

ED 175 201 EC 120 130

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TITLE IEP's: The State of the Art - 1978.
INSTITUTION Northeast Regional Resource Center, Hightstown, N.J.
SPONS AGENCY Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE Apr 79
CONTRACT 300-77-0537
NOTE 22p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Educable Mentally Handicapped; Emotionally Disturbed; Exceptional Child Research; Federal Legislation; *Handicapped Children; *Individualized Programs; Learning Disabilities; Mainstreaming; *Program Evaluation; Student Evaluation; Student Placement

ABSTRACT

Three hundred individualized education programs (IEPs) and corresponding psychoeducational assessments were collected from the files of children who had been identified as educable mentally retarded (EMR), emotionally disturbed (ED), learning disabled (LD) and other. Frequency distributions were performed on the data obtained from the IEPs and psychoeducational assessments to determine the extent to which required IEP components were actually contained in the programs. Among results were that 64% of the cases examined did not report current level(s) of performance; 20% did not reveal goals and/or objectives; 18% had no statement specific to related educational services; and 68% did not include information on the amount of time to be spent in regular education. Other results included that the referring teacher was involved in IEP development only 15% of the time; and parents and school psychologists were involved in only 26% of the cases. Findings emphasized the need for inservice training regarding necessary IEP components and translating diagnostic information into an appropriate educational program. (CL)

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A Paper Presented at the Annual
Convention of the American
Educational Research Association,
San Francisco, April, 1979

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*Preparation of this paper was aided in part by a grant from the United States Office of Education, Bureau of Education for the Handicapped to the Northeast Regional Resource Center, Contract NEC-300-77-0537. The content of this paper does not necessarily represent the views or policies of the Office of Education.

EC120130

IEP'S: THE STATE OF THE ART - 1978

ABSTRACT

In recent years, the passage of federal (Public Law 93-380, Section 504 of the Rehabilitation Act of 1973 and Public Law 94-142) and state legislation has provided special education professionals with a legal basis for providing all handicapped children with a free and appropriate education. The most recent of these laws, The Education for All Handicapped Children Act of 1975 (P.L. 94-142), stipulates that each state and local educational agency must provide each child receiving special education with an Individualized Educational Program (IEP). The particular substance of this mandate to meet the unique needs of the individual child rests in the condition that each school system is required to develop a plan, which being special, actually benefits the child (Owens, 1977). A close examination of P.L. 94-142 reveals that, while it is directed that each child receiving special education must be provided with an IEP, there is no direction in the directive regarding the methodologies for the development of the IEP.

One uncertainty surrounding the usage of the IEP focuses upon the issue of management versus instruction. Viewed by some advocates as an administrative tool, the IEP is designated to be the vehicle by which the overall management of the instructional setting is delineated. Viewed in this format, the IEP has no relation to instruction. Yet, special education is defined in P.L. 94-142 [Section 4(a)(19)] as "...the provision of specially designed instruction..." While diagnostic terms may implicate a certain management technique, the specific learning needs of an individual are not inherently apparent in a label. To assume that children with identical diagnostic labels require the same type of instruction is to deny the importance of

uniqueness among all individuals. Instruction refers to the act of teaching, not management, (Cawley, 1977) and, as such, must be specially designed to meet the unique learning needs of the individual. Pertinent to this issue, assessment, which allows the unique learning needs of the individual to surface, must be linked to instruction (Ysseldyke & Salvia, 1978) in order that instructional alternatives designed to meet learning needs can be developed.

Placement within a resource room further accentuates the need for provision of instructional alternatives. The child who exhibits a reading problem within the resource room does not leave the problem within the confines of that room. Rather, the child carries the deficit into all subject areas. Thus, all teachers involved with the student must be provided with alternative instructional methods and materials by which the unique needs of the learner can best be met. Placement within a special education setting, that is managment of the learner, does not lend itself to meeting the unique needs of the learner. Therefore, if specially designed instruction is not a component of the IEP, how and where are the unique needs of the individual met?

The express purpose of the IEP, to deal effectively with individual differences, is to be accomplished through the development and implementation of an educational program that takes into account the individual's strengths and weaknesses. In order to develop an IEP that truly represents the unique needs of the child, it is important to have appropriate assessment data which indicate not only strengths and weaknesses, but also the current levels of performance (Hayes, 1977). With knowledge of these elements, it is possible to develop and implement long-term goals and short-term instructional objectives.

The current emphasis on the need to synthesize the diagnostic information into the educational program leads one to question the current status of IEP development since by law, Individualized Educational Programs, should now exist. Therefore, the primary purpose of this investigation was to investigate the current state of the art in IEP development.

Results of this investigation which examined 300 IEP's and corresponding psychoeducational assessments revealed that there are serious needs that must be addressed by the field of special education. Foremost among these needs is the refinement of the diagnostic/instructional link.

INTRODUCTION

The Education for All Handicapped Children Act of 1975 (P.L. 94-142) stipulates that state and local educational agencies must provide an Individual Educational Program (IEP) for all handicapped children requiring special education. Owens (1975) has pointed out that the substance of this mandate to meet the unique needs of the individual rests in the condition that each school system is required to develop a program which actually benefits the individual. Minimum requirements regarding the content of the IEP, that is (1) assessment; (2) goals and objectives; (3) evaluation and review procedures, have been established. Still, P.L. 94-142 offers little guidance in the synthesis of this information into an IEP. As Cawley (1975) has suggested, the potential for confusion, problems of communication, and a generalized inefficiency in the diagnostic/instructional linkage exists when there are so many possible alternatives in the diagnostic assessment and an even greater number of alternatives with respect to the educational program. In fact, Schenck (1979) has found that the long-term goals and short-term instructional objectives of IEP's have limited foundation in the psychoeducational assessment.

The current emphasis on the need to synthesize the segments of information into an IEP leads one to question the current status of IEP development. What do individual education programs currently look like? What is the present character of the format for individual education program development? It was towards these two questions that this study was directed.

METHODS

Population

Three hundred Individual Education Programs and corresponding psychoeducational assessments were collected from the files of children who had been identified as Educable Mentally Retarded (EMR), Emotionally Disturbed (ED) Learning Disabled (LD) and Other (meaning no diagnostic label was available although the child received special education services). The IEP's and corresponding psychoeducational assessments were randomly selected with regard to handicapping condition and age level. Data were collected from 37 towns and cities in the state of Connecticut.

Procedures

Short-term instructional objectives and test grade equivalent scores were collected from the IEP's of the children identified as LD, ED and EMR. Information relative to required components of the IEP were collected. This information included present levels of performance, long-term goals and short-term instructional objectives, related educational services, time to be spent in regular education and special education, initiation and duration dates, evaluation methods and evidence of parental approval. Furthermore, data were also collected relative to the positions of the participants in the formulation of the Individualized Educational Program. Additional data collected concerned the type and number of tests utilized across the handicapping conditions of EMR, ED and LD.

Statistical Analysis

A series of frequency distributions were performed on the data obtained from the IEP's and corresponding psychoeducational assessments.

RESULTS

A frequency distribution was performed in order to determine the extent to which required IEP components were actually contained in the programs examined. A total of 64% of the cases examined did not report current level(s) of performance. Absence of this data from over half of the IEP's raises serious questions regarding the subsequent development of long-term goals and short-term instructional objectives. Twenty percent (20%) of the cases did not reveal goals and/or objectives while 18% of the IEP's had no statement specific to related educational services. Regarding amount of time to be spent in regular education, 68% of the IEP's were missing this data. Thirty-seven percent (37%) of the cases did not report the amount of time to be spent in special education classes. Thirty percent of the cases did not report initiation and/or duration dates for the IEP while 33% did not report evaluation procedures. Evidence of parental approval was missing in a total of 57% of the cases. Table 1 contains the summary data for this frequency distribution.

Table 1 about here

Evidence of school personnel involved in the formulation of the Individual Education Program is displayed in Table 2. Examination of these results reveals that in only 15% of the cases the referring teacher was involved in the development of the IEP while the receiving teacher (that is, the special education teacher and in most cases this was a resource room teacher) was present in 45% of the cases. Parental involvement was evidenced in an extremely small percentage of the cases (26%) as was the involvement of the school psychologist (26%). These data are contained in Table 2.

TABLE 1

EVIDENCE OF MISSING DATA IN IEP'S

	1	2	3	4		5	6	7
	Present Levels	Objectives/ Goals	Educational Services	Regular Class Participating	Sp. Class Part.	Initiation and Duration Dates	Evaluation	Parental Approval
YES								
Present Number of Cases	108	240	246	97	189	211	201	128
Percentage	36%	80%	82%	32%	63%	70%	67%	43%
NO								
Missing Number of Cases	192	60	54	203	111	89	99	172
Percentage	64%	20%	18%	68%	37%	30%	33%	57%
TOTAL Number of Cases	300	300	300	300	300	300	300	300

Table 2 about here

A frequency distribution was performed in order to determine the number of IEP's within the three categories of LD, ED and EMR that contained evidence of reading and/or math objectives. Numbers of cases evidencing assessed needs in the areas of reading and/or math for each of the three categories (LD, ED, EMR) were determined through frequency distributions.

Table 3 and 4 about here

In all three categories, the number of cases containing reading or math objectives exceeds the number of cases revealing assessed reading or math needs. Tables 3 and 4 illustrate these data. The overabundance of cases with objectives and no reported assessment negates the premise of the diagnostic/instructional link.

Table 5 illustrates the frequency of intelligence, perceptual motor, projective and achievement tests across handicapping condition. The learning disabled population were administered a wider variety of evaluation instruments than any other handicapping condition. This is most probably a function of the diagnostic procedure which determines learning disabilities by exclusion of other handicapping conditions. The ramifications of the usage

Table 5 about here

of a multitude of assessment devices within the learning disabilities category is reflected in the greater frequency of objectives for this

TABLE 2

SCHOOL PERSONNEL INVOLVED IN
FORMULATION OF INDIVIDUAL EDUCATIONAL PLANS*

Position	Number Involved	[%]	Missing Data	[%]
Principal	80	27	220	73
Referring Teacher	45	15	225	85
Receiving Teacher (Sp. Ed. Teacher)	135	45	165	55
Parent	77	26	223	74
Psychologist	77	26	223	74
Subject Area Teachers	34	11	266	89
Other**	81	27	219	73
Child	1	3	299	99.7

*In 26 instances the LEA's removed the names and positions of those involved in the formulation of the IEP. The totals under the Involved and Missing Data columns, therefore, can only be regarded as approximate.

**Other: Assistant Principals, Speech Therapists, Special Education Directors and Assistant Directors, Nurses.

TABLE 3

EVIDENCE OF DIAGNOSIS (MATH) BY
OBJECTIVES ACROSS HANDICAPPING CONDITIONS

	Evidence of Math Diagnosis # of cases	Evidence of Math Objectives # of cases
LD	29	118
ED	3	10
EMR	0	17

TABLE 4

EVIDENCE OF DIAGNOSIS (READING) BY
OBJECTIVES ACROSS HANDICAPPING CONDITIONS

	Evidence of Reading Diagnosis # of cases	Evidence of Reading Objectives # of cases
LD	39	71
ED	5	14
EMR	1	15

TABLE 5

TESTS UTILIZED TO DETERMINE HANDICAPPING CONDITIONS

	LD (186)	ED (29)	EMR (28)	TOTAL (243)
IQ Tests				
WISC	9	2	2	13
WISC-R	74	10	12	96
PPVT	29	5	5	39
Binet	7	2	3	12
Other	27	5	2	34
Perceptual-Motor Tests				
Purdue	2	--	--	2
Bender-Gestalt	65	10	12	87
Frostig	6	--	--	6
Beery	22	2	--	24
Benton	4	--	1	5
Harris	--	--	--	0
Other	21	1	3	25
Projective Tests				
House-Tree-Person	15	4	1	20
Draw a Man	14	3	2	19
T.A.T.	11	4	1	16
C.A.T.	1	2	--	3
Rorschach	6	3	--	9
Sentence Completion	26	6	1	33
Other	42	12	8	62
Psycholinguistic Tests				
I.T.P.A.	23	1	--	24
Parsons	1	1	--	2
Psycholinguistics	--	1	--	1
Other	27	2	1	30

TABLE 5 (Cont.)

	LD (186)	ED (29)	EMR (28)	TOTAL (243)
Achievement Tests				
WRAT	59	6	8	73
Iowa	1	--	--	1
Stanford	--	1	--	1
SRA	--	--	--	0
Peabody	33	4	3	40
Other	3	3	1	7

population. A need to assess other handicapping conditions with the same test battery received by learning disabled children is indicated.

DISCUSSION

The Education for All Handicapped Children Act of 1975 (P.L. 94-142) does not stand alone in its advocacy for the rights of all handicapped children. Rather, it is the most recent in a line of legislative decisions designed to provide the rights of handicapped children (P.L. 89-10; P.L. 89-313; P.L. 89-750; P.L. 91-230; P.L. 93-380 and P.L. 93-112). A long-held goal of special educators, individualized education, had not been mandated prior to the passage of Public Law 94-142. The requirement with P.L. 94-142 that all children receiving special education receive an individualized education program (IEP) designed to meet their unique needs had been the subject of various articles during recent years (Johnson, 1967; Reger et.al., 1968; Eisele, 1971; Hammill, 1971; Herrick, 1972; Cartwright et.al., 1973; Ysseldyke, 1973; Gallagher, 1974; Rojow & David, 1974). Of more recent examination has been the extent to which long-term goals and short-term instructional objectives of the IEP are predicated upon the psychoeducational assessment (Schenck, 1979).

According to the law, the IEP must contain statements which detail a child's (1) current level of performance; (2) annual goals inclusive of short-term instructional objectives; (3) specific educational services to be provided; (4) amount of time to be spent in regular education; (5) initiation and duration of services; (6) appropriate criteria and evaluation procedures; (7) a schedule for determining if objectives have been met on annual basis at the least. In order to individualize instruction for handicapped children, resources are required to aid in the identification of each child's strengths

and weaknesses, to determine sequences of instructional objectives for each child and to provide the content of instruction (Olsen, 1976). A sound diagnostic evaluation must result in information, as stated by Gotts (1976), that provides: (1) a clear understanding of the child's level of functioning in various developmental areas, as well as, (2) an understanding of deficit areas that require attention. It is from the diagnostic evaluation that the individualized education program is developed.

The results of this investigation into the state of the art in IEP development have raised questions which must be attended to in the future.

A significant number of cases reveal missing data specific to the requirements of P.L. 94-142. This apparent confusion on the part of those individuals involved in the development of IEP's can only serve to hinder the provision of specially designed instruction as special education is defined within the law [Section 4(a)(19)]. Even more important to the provision of specially designed instruction is the relative lack of linkage between assessed needs and development of objectives. If special education is to be that instruction developed to meet the unique needs of the individual as evidenced through assessment, than the diagnostic/instructional link must be apparent. Such was not the case in this investigation. The inability to trace goals and objectives back to diagnostic data raises serious doubts concerning the efficacy of the content of the educational programs. Schenck (1979) has conducted an in-depth investigation into this area. Her findings indicate that there is a need to re-examine the concept of special education.

The responsibility for such a situation does not lie within any one profession (i.e., psychologists, educators). Rather, it is a combined problem. Lack of communication between psychologists and educators is a major contributing factor towards the existence of this problem. Likewise, lack of

training on the part of both professions in the relating of diagnostic data to instruction is a contributing factor.

Tied to the diagnostic/instructional link is the degree to which the IEP's addressed the "all-day" needs of the individual. As Cawley (1977) has so aptly stated, a child is in school 6 hours a day, 5 days a week, for 12-14 years. With the current emphasis upon mainstreaming occurring in a majority of school districts, this fact takes on a great deal of importance. The findings of this investigation revealed that while 61% of the students were placed in resource rooms only 32% of the IEP's stated the amount of time to be spent in the regular education sector. And, none of the cases examined delineated goals, objectives or instructional strategies to be employed by the regular educator.

Indeed, it appears that there exists a "thirty-minute learning disability." Lack of instructional strategies, goals and objectives for the regular classroom educator further accentuates this point. The sole focusing upon an individual's problem(s) when in a special education setting negates the undeniable truth that all children are in school 6 hours a day, 5 days a week for approximately 12-14 years (Cawley, 1977). As such, learning problems must be addressed not only during the time the child spends within the special education sector, but also during the vast amount of time spent in the regular education sector. Or, are we to assume that the unique needs of a child begin and end within the confines of the resource room? These authors would dare to propose the idea that a child who exhibits a reading problem in the resource room also demonstrates that problem in science, social studies, mathematics and the host of other academic areas that individual is exposed to during the course of an academic career. Therefore, alternate instructional strategies must be provided in order that the student may

engage in learning science, mathematics, social studies, etc. without the disability area (e.g., reading) interfering. The exclusion of alternate instructional methodologies, goals, and objectives to be utilized by the regular educator also denies the need for guidance and aid that must be provided to the regular educator.

The results of this investigation clearly delineates a need for inservice training in two areas specific to individual educational programs. First, clarification regarding the content necessary for IEP development must be emphasized. Training in the process of relating diagnostic information into an appropriate educational program must be undertaken in order to meet, not only unique learning needs, but also the "all-day" needs of the individual. Steps taken to address these needs will assure that we are attempting to provide all children with special needs the best education possible.

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